

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000044744

Entity Name: PHYSICIAN ASSISTANT NETWORKX, LLC

Current Principal Place of Business:

3622 W. SAN LUIS STREET
TAMPA, FL 33629

Current Mailing Address:

3622 W. SAN LUIS STREET
TAMPA, FL 33629 US

FEI Number: 46-1286946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AARON L. GORDON, PLLC
3622 W. SAN LUIS STREET
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON L. GORDON

03/26/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GORDON, MICHELE L
Address 3622 W. SAN LUIS STREET
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name GORDON, AARON L ESQ.
Address 3622 W. SAN LUIS STREET
City-State-Zip: TAMPA FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON L. GORDON

DIR

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date